

Breast cancer in secondary care

I would be grateful if you could answer the questions below in relation to the number of patients treated with specific medicines between the start of Dec 2022 and the end of Feb 2023. If data for this time period is not available yet, please provide the latest three months for which the organisation has data. Please include data for all hospitals in the Trust.

Q1. How many patients were treated in total, regardless of diagnosis, with the following medicines in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?

Name of medicine	Number patients treated
1.1 Abemaciclib (Verzenios)	>5
1.2 Alpelisib (Piqray)	<5
1.3 Anastrozole (anastrozole or Arimidex)	15
1.4 Exemestane (exemestane or Aromasin)	<5
1.5 Fulvestrant (fulvestrant or Faslodex)	16
1.6 Letrozole (letrozole or Femara)	45
1.7 Palbociclib (Ibrance)	44
1.8 Ribociclib (Kisqali)	>5

Q2. How many patients received abemaciclib (Verzenios) as **adjuvant treatment for early breast cancer** in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?

If you do not have data on early breast cancer, please state how many patients received abemaciclib (Verzenios) as adjuvant treatment.

Number patients treated
0

Q3. How many patients received abemaciclib in combination with an aromatase inhibitor (anastrozole or exemestane or letrozole) for early breast cancer and locally advanced or metastatic breast cancer in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?

The TNM values associated with each stage of breast cancer are included for reference only.

Name of combination	Breast cancer staging	TNM (for reference only) Source: Cancer Research UK	Number patients treated
3.1 Abemaciclib + aromatase inhibitor (anastrozole or exemestane or letrozole)	Early breast cancer	T1N0M0 or T0N1M0 or T1N1M0 or T2N1M0 or T3N0M0	0
3.2 Abemaciclib + aromatase inhibitor (anastrozole or exemestane or letrozole)	Locally advanced or metastatic breast cancer	T0N2M0 or T1N2M0 or T2N2M0 or T3N1M0 or T3N2M0 or T4N0M0 or T4N1M0 or T4N2M0 or T*N3M0 or T*N*M1	<5

Q4. How many patients received Olaparib (Lynparza) as **adjuvant treatment for early breast cancer** in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?

If you do not have data on early breast cancer, please state how many patients received Olaparib (Lynparza) as adjuvant treatment.

Number patients treated
0

Q5. How many patients were treated with the following medicines in combination in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?

Name of combination	Number patients treated
4.1 Abemaciclib (Verzenios) + Fulvestrant (fulvestrant or Faslodex)	<5
4.2 Abemaciclib (Verzenios) + Anastrozole (anastrozole or Arimidex)	0
4.3 Abemaciclib (Verzenios) + Exemestane (exemestane or Aromasin)	0
4.4 Abemaciclib (Verzenios) + Letrozole (letrozole or Femara)	<5
4.7 Alpelisib (Piqray) + Fulvestrant (fulvestrant or Faslodex)	<5
4.8 Palbociclib (Ibrance) + Fulvestrant (fulvestrant or Faslodex)	>5
4.9 Palbociclib (Ibrance) + Anastrozole (anastrozole or Arimidex)	0
4.10 Palbociclib (Ibrance) + Exemestane (exemestane or Aromasin)	0
4.11 Palbociclib (Ibrance) + Letrozole (letrozole or Femara)	38
4.12 Ribociclib (Kisqali) + Fulvestrant (fulvestrant or Faslodex)	0
4.13 Ribociclib (Kisqali) + Anastrozole (anastrozole or Arimidex)	0
4.14 Ribociclib (Kisqali) + Exemestane (exemestane or Aromasin)	0
4.15 Ribociclib (Kisqali) + Letrozole (letrozole or Femara)	<5

Q5. How many patients were treated with Olaparib (Lynparza) as **monotherapy for locally advanced or metastatic breast cancer** in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?

Number patients treated
0

Q6. Which of these protocols does your Trust follow when issuing prescriptions for aromatase inhibitors (anastrozole or exemestane or letrozole) prescribed in combination with CDK4/6 inhibitors (abemaciclib or palbociclib or ribociclib)?

Name of combination	Yes or no
6.1 Aromatase inhibitors and CDK4/6 inhibitors are issued together To Take Out at the hospital	
6.2 Aromatase inhibitors and CDK4/6 inhibitors are issued separately . The CDK4/6 inhibitors (abemaciclib or palbociclib or ribociclib) are issued To Take Out at the hospital. The aromatase inhibitors	

(anastrozole or exemestane or letrozole) are issued as an FP10 to the patient or a request is sent to the GP to issue in the community
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6.3 Both protocols above

Yes